

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99460 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 87

Full Name of Deceased, *Albert Shills* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Male* { Cross out the word not required in this line. }

Age, 2 Years, 9 Months, 9 Days.

Color, Blk

Married, Single, Widow or Widower, *Single* { Cross out the words not required in this line. }

Occupation, *City*

Birth Place, *City* { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 1/2 days

Place of Death, *56 W. Lombard St* { Give Street and Number. }

Cause of Death, *Concretion of Lungs*
Apnoea
5 days
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, *5 days*
All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cem*

Date of Burial, April 25. 87

Undertaker, *Sarrell & Handy* *Barstow's* M. D.

Place of Business, *415 Croze St* Address, *715 Light St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99461

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. F. M. Dietzel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 7 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 839 S. Bond St

Cause of Death, { First (Primary),

Second (Immediate), Typhoid Malarial Fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 26th 1887

Undertaker, Peter Frey

Place of Business, 91 E. E. W. Address, # 1709 Allen Avenue

Medical Attendant.

M. D.

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Health Department, City of Baltimore.

Permit No. 99462 Office of Registrar of Vital Statistics.

Ward 9th

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CERTIFICATE OF DEATH.

Date of Death, April 25th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marie Sophia Rosa Beccaria

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Years, 7 Months, 7 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Doct. Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 7 Days

Place of Death, { Give Street and Number. } 128 W. Pratt St.

Cause of Death, { First (Primary), Second (Immediate), } none closure of foramen ovale (Bd. of)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial, April 25th 1887

Undertaker, H. F. Krause & Son

Place of Business, Hanover St.

Levin (L. D.) Horn M. D.

Medical Attendant.

Address, on Mulberry St. Myrtle av

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[OVER]

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Health Department, City of Baltimore.

Permit No. *99463*

Office of Registrar of Vital Statistics.

Ward *17*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *April 23rd 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henrietta Hope Font*
Henrietta

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *39* Years, *3* Months, *14* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. } *✓*

Occupation, *Battlement M^o*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *During Life*

Duration of Residence in the City of Baltimore, *39*

Place of Death, { Give Street and Number. } *Fort av*

Cause of Death, { First (Primary), Second (Immediate), } *Malaria Plurisy*
3 Days

Duration of Last Sickness, *3 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill*

Date of Burial, *April 20*

{ Undertaker, *B. Y. Hall* } *O. A. Cooke* M. D.
Medical Attendant.

{ Place of Business, *115 West* } Address, *104 Fort av*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99464 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 24/89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Septornia E. Nickley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One Years, 6 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } U.S.

Duration of Residence in the City of Baltimore, 5. B.

Place of Death, { Give Street and Number. } 508 Walkers St

Cause of Death, { First (Primary), Second (Immediate), } Group (Membranes)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Clear

Date of Burial, April 26

Undertaker, B. Hark

Place of Business, 115 West St

Medical Attendant, Dr. O. Blake M. D.

Address, 602 St. Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99465 Office of Registrar of Vital Statistics. Ward 18

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CERTIFICATE OF DEATH.

Date of Death, Terence Murphy April 24th 1887

Full Name of Deceased, Terence Murphy {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 2038 McHenry St.

Cause of Death, {First (Primary), Carcinoma of Stomach
Second (Immediate), _____}

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 27th 1887

Undertaker, W. Cadogan O. O. Donovan M. D. Medical Attendant.

Place of Business, 227 Muller St. Address, 311 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99466 Office of Registrar of Vital Statistics.

Ward 14²

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CERTIFICATE OF DEATH.

Date of Death,

April 25, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Dr. James F. Horner

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

41

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Physician

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Latest, about 3 mos.

Place of Death,

{ Give Street and Number. }

221 N. Carrollton an

Cause of Death,

{ First (Primary),

Second (Immediate),

Consumption

Exhaustion

Duration of Last Sickness,

About two years

All the above information should be furnished by the Physician.

Place of Burial,

Harisomill. Balt. Co.

Date of Burial,

April 27, 1887

Undertaker,

McAdams

Medical Attendant.

M. D.

Place of Business,

227 Mulberry St.

Address,

1432 N. Hollins St. Baltimore, Md.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99468 Office of Registrar of Vital Statistics. Ward 2nd

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CERTIFICATE OF DEATH.

Date of Death, April 24 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Becker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, — Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 1715 Bank St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore am

Date of Burial, April 26 1887

Undertaker, H. Sanderson

Place of Business, 710 Canton an Address, 710 Canton an

Medical Attendant, Dr. C. H. ... M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99469 Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH

Date of Death, April 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Klotz

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 62 Years, 3 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give Street and Number. } 1831 E. Biddle St.

Cause of Death, { First (Primary), Phthisis Pulmonalis }
{ Second (Immediate), }

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Apr 26 1887

{ Undertaker, Geo. Sander son } Edwin B. Tenby M. D.
Medical Attendant.

{ Place of Business, 1710 Canton St. Address, 1201 N. Eden St. }

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[OVER.]